

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

03/25/2022

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Lubbock Compact Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN):

85-1733042

* c. Organizational DUNS:

0649142820000

d. Address:

* Street1:

(b) (6)

Street2:

* City:

Lubbock

County/Parish:

Lubbock

* State:

TX: Texas

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

79412-2804

e. Organizational Unit:

Department Name:

LEAP Subcommittee

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Joshua

Middle Name:

Kent

* Last Name:

Shankles

Suffix:

Title: Governing Board Member

Organizational Affiliation:

Governing Board Member

* Telephone Number:

575-441-3740

Fax Number:

n/a

* Email:

joshua.shankles@gmail.com

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities
Relating to the Clean Air Act

* 12. Funding Opportunity Number:

EPA-OAR-OAQPS-22-01

* Title:

Enhanced Air Quality Monitoring for Communities

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Lubbock Environmental Action Plan (LEAP) for Communities

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant TX-19

* b. Program/Project TX-19

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 11/01/2022

* b. End Date: 10/31/2025

18. Estimated Funding (\$):

* a. Federal	482,959.79
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	482,959.79

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: Joshua

Middle Name: Kent

* Last Name: Shankles

Suffix:

* Title: Governing Board Member

* Telephone Number: 575-441-3740 Fax Number: n/a

* Email: joshua.shankles@gmail.com

* Signature of Authorized Representative: Joshua K Shankles * Date Signed: 03/25/2022